How to Develop and Use Program Policy and Procedure Manuals

A Program Director's Guide

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This paper explores some of the principles and practices of effective policy and procedure manual development for active and practical use in program planning and in its development and supervision.

✤ If maximum effect and program benefits are to accrue from usually limited staff and available funds, it is essential that each aspect and element of the operation of any program for mothers and children periodically be required to justify its continuation. This is especially true for those program elements that are complex, often troublesome, and where program needs and demands are in a state of change. One can never assume "arrival" at a perfect program process, for what is well suited to the present situation may be completely archaic a year hence. This process of critical objective examination is not easy nor always pleasant, since its basic requirement is that each program objective be clearly defined, preferably in writing, and that each of the methods and processes designed to achieve these objectives be subject to the searching inquiry, "Is what we are doing, and how we are doing it, really effective in accomplishing our stated program objectives?"

The prospect of developing a formal program operating manual appears at first to be a massive undertaking demanding special skills and overwhelming efforts. Be assured that such development requires neither specialized knowl-edges or skills, nor will it consume more time than traditional, less effective program problem solving methods, if the guides suggested here are used. The "manual" itself comes into reality with the recording of the first written policy or procedure. It stems from an approach in which problems are faced frontally and resolved one at a time in the order of their importance and impact on program operations. It is reassuring to know that one may never expect to achieve a complete manual covering in full all program aspects, except in those rarest of all instances where the program and the needs of the community it serves remain static.

Definitions

For purposes of clarity let "policies" constitute the written framework within which the program goals may be achieved. These include such statements as define the age, geographic limits, diagnoses, or groups eligible for the full range of MCH program services; or those which set standards for qualifications of consultant staff to be retained; or for facilities used in the CC program. They may also provide for exceptions

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where indicated. "Procedures," when properly drawn are complementary to policies in that they are designed to establish the step-by-step process and fix responsibility on specified job incumbents for that specific action which makes reality out of program objectives and policy statements.

Statement of Principles

With this basis it is evident that if policies and their implementing procedures are to be effective they must be made known to the staff concerned in clear, concise form and be accessible to them for ready reference as needed.

Perhaps one of the most compelling reasons for developing a written policy and procedure manual is that when key staff members leave, they are habituated to taking their memories and recollections with them out of the program for all time. The good they have done is fleeting and its solidity as a base for further development of ways of accomplishing program objectives is weakened. Without crystallization of your program achievements in terms of progressive policy and method, massive emergency efforts often must be undertaken to keep the program from backsliding. It can be stated as a principle then, that agreements and understandings about what should be done, when, why, and by whom tend to become vague and ephemeral with passing of time and turnover of staff unless they are formalized. The more complex the policies and processes, the more rapidly they tend to become "lost" or misunderstood unless they are clearly spelled out in black and white. For example, a long standing oral or "gentlemen's agreement" between one CC program director and the chief of surgery at a crippled children's hospital on assumption of responsibility for and reciprocal relations in service to children with orthopedic handicaps was wiped out instantly on the change of personnel in one of the agencies. The records failed to provide substance for its being. It took several months of meetings and effort to achieve a new understanding roughly paralleling the original one. Its existence in writing now can serve as a base for future improvements and will certainly not pass into limbo for reason of the departure of one of the negotiators.

There is a related problem here also: in the absence of formal policy and procedure manuals, certain individuals, clerical, administrative, or professional assume "great-white-father" status, since only they know the processes by which desired program movement is accomplished. These persons are truly "indispensable" until the program policies and procedures which they carry in their heads are committed to paper for the guidance of others who would substitute for or succeed them. The immense value of using written policy and procedure manuals in the orientation and indoctrination of new staff is self-evident. Without them, staff training is essentially partial and spasmodic; learning being gained by process of repetition and rote.

It is more a truism than a principle that staff morale is enhanced to the extent that the exact nature and scope of the responsibility of each person concerned in a given process and the methods for their carrying out are made clear. Such clarity reduces the almost inevitable duplication of effort where the converse is true. From the program director's standpoint repeated oral statements of the same general policy or procedure to staff members is exceedingly wasteful of his valuable time. Surely the mental and social processes involved in arriving at a decision is taxing enough without having to go through that process repeatedly. In the presence of formal program policy and procedural statements such repetition is made redundant. Its answers for all

time the plaintive cry, "How was I supposed to know?" Participation of staff concerned in development of program policies and methods assures not only the benefit of their ideas, but their thoughtful and consistent application of these work tools once they have been agreed upon.

Basic Methodologic Considerations

We now have reviewed certain basic elements which are believed to warrant the effort necessary to develop written program policy and procedure statements. It is appropriate now to consider some of the major principles related to method for accomplishing this objective Certainly those persons involved in a given operation, such as in the preparation for and conduct of a child health conference or plastic clinic are in the best position to state what is presently being done. When given the opportunity, along with those other persons or groups peripherally involved in each such activity, these people generally are in the best position to consider and suggest more appropriate policies attuned to the needs as well as the processes to meet those needs more effectively and fully within existing means. The meaning and effectiveness of all operations will be enhanced by critical and constructive group examination of each of the steps involved in a given process in terms of their necessity and effectiveness in implementing desired objectives. Few will deny that the value of group thinking on problems affecting basic program operations generally outweighs the finite contribution of any one person, however competent. Once this process is completed on any one activity, there is need for some permanent form for recording of results of group discussion.

While seemingly a formidable task, it is not so in reality if a program for development of a policy and procedure

manual is thoughtfully planned, using an appropriate adaptation of the following approach: the staff or group concerned might develop a rough listing of specific program problems, carefully and clearly defined and delimited, caused by lack of clarity of policy or process. Examples of such problems might be:

1. Rationale, circumstances, and limitations under which private consultations, office or home visits for crippled children may be arranged for and financed by the CC agency outside the clinic setting.
2. Specific eligibility criteria for admission of patients to pre- and postnatal conferences.
3. Specific priorities for crippled children's case selection for clinic services, hospitalization, and aftercare. (See Exhibit A.)
4. Frequency and content of periodic review of records and progress of crippled children under active care and those who are only registered and have not yet been afforded the full range of services.
5. Responsibilities of related agencies in coordinated programs for caring of children with various handicapping conditions.

Each of these five-sample policy items, when fully stated, establishes only the framework within which each such aspect of the MCH and CC program operates. However, to make the intent of such policy statements a reality, development of detailed related and supporting procedures also must be undertaken. Examples of such related procedures might include:

1. Detailed process for authorizing private consultation, home or office visits, including designation of person or persons responsible for receiving, reviewing, and authorizing requests if in accord with policy; how and by whom the request will be processed through the receipt and processing of the medical report resulting from the special visit and its financial settlement.
2. Detailed process by which maternity patients are referred and admitted to pre- and postnatal conferences; extent of reciprocal relationships with private physicians and hospitals in the process, if any; and record maintenance responsibilities of staff.
3. Detailed process by which cases are ac-

cumulated for consideration by the director, his designee, or case selection committee; the exact process by which cases are selected and care is authorized; the exact process for disposition or later reconsideration of cases not selected for care. (See Exhibit B.)

4. Fixing responsibility on specified personnel for initiating formal review on individual or periodic basis of patients under care; the process to be used in the review and what is done with the results of such review and by whom. Detail the method, process, and responsibilities of staff in a periodic review of all cases known to the agency but who are not under active follow-up. Specify what is done on cases where it is found that there is indication for possible further follow-up.

5. Respective and specific responsibilities for action between the CC agency and a voluntary group concerned with cerebral palsy in bringing the full resources of both agencies to bear on a newly found eligible cerebral palsied child.

In many instances it will be found that while the program policy is clear, on a given matter, its implementation is not. In such cases writing the procedure should certainly be undertaken before time is spent on restating an already known and clear policy. In other cases a program policy statement alone may clarify a confused situation. Still again, a clear policy may require the development of many related procedures to implement it. In effect, there should be no compulsion to develop redundant material.

Suggested Method

Fortunately, the writing of policies and procedures need not be technical, nor should it require use of special format or symbolism. If their purpose is to clarify and not confuse, bring order out of chaos and serve as a handy reference document, it should require minimal training of staff concerned in their use and interpretation. I would like to offer a few do-it-yourself suggestions for development of a policy and procedures writing program.

1. Use a big blackboard where policy

and procedural action proposals are visible immediately to all participants, and designate one of the participants to act as recorder for all blackboard entries. The recorder serves as group secretary, freeing the discussion leader for the task of stimulating and channeling constructive group thinking toward achievement of specific group objectives.

2. Record on the blackboard a rough listing of problems needing policy or procedural development as suggested by the staff. It is not possible to overstress here the importance of developing and delimiting semantically clear problem statements, for such clear definition in itself often constitutes a giant step in the direction of problem resolution. As a screening device, this effort may be undertaken at this point in the process; but certainly it must be undertaken in every case before attempting to write a resolving policy or procedure.

3. Select the two or three most pressing problems from the list with staff concensus, being sure to preserve the rest as your basis for future policy and procedural development. To the residue will be added, of course, other problems which had not been suggested initially but brought into focus by your actual policy and procedure writing sessions. The recorder should keep this listing up to date.

4. Write policies and procedures using adaptation of format shown in Exhibits A and B as indicated, with fullest participation in the process by the staff concerned. When each policy or procedure is completed, the group should verify that the result of the work has fulfilled the precisely stated purpose in each instance or has resolved its subject problem as fully as possible.

A few footnotes here are important, namely, the selection of the group leader for self-evident reasons and the importance of his restricting tangential movement in the process. In the latter

instance, related problems may be added to the rough problem listing suggested earlier for later resolution. Where it is not possible to continue without resolution of a related problem, start a session to resolve it first and then return to and complete work on the initial problem. In this process the amount of staff concentration required is so intense that extended periods of work may be unproductive. It is suggested that such sessions might be regularly scheduled once or at most twice a week not to exceed two hours in length. Policy and procedure format might be adapted from that shown in Exhibits A and B.

5. On completion of policy or procedural drafts resulting from each session, prepare and circulate a copy to each participant for review and return to next session for discussion of final modifications and adoption recommendations. Ordinarily it is preferable that these reviews be taken up at the outset of each session and before undertaking new policy or procedural development. Each recommendation for adoption should include a future date, e.g., one year, by which time the subject policy or procedure must be reevaluated in terms of effectiveness, modified as needed, and extended. Interim modifications as may be necessary should be authorized only by the program chief or his designee.

6. Once adopted, each policy and procedure for the program may be duplicated in final form; prepared for loose-leaf arrangement; and copies distributed to all participants with copies placed in predesignated, strategically located "manuals" readily available to the staff.

7. When a sufficient number of policies and procedures have been developed so that the finding of specific ones tends to become burdensome, their indexing and arrangement by subject matter groupings may be undertaken.

One of the principles urged here is based on recognition that the job of policy and procedural development is never completed in a program of any complexity or size. Therefore, a word of caution is expressed against developing a manual on an a priori organizational basis without regard to problem areas. Such development certainly can cause staff interest to wane. Instead, if real day-to-day problems are faced frontally as suggested here, an organizational pattern directly attuned to the needs and problems of the program concerned surely will develop.

Use in Projective Program Planning

We now have reviewed a few of the basic considerations, principles, and methods in the development of program policy and procedure manuals for existing programs. Perhaps their most important and meaningful use is in the process of planning for new programs or in the complete reorganization of existing ones. It is in this area that the writing of projected policies and procedures can be an exceedingly valuable tool to the program director and his staff in developing a guide through the often frightening wilderness of creative program planning.

To have a good idea in program planning does not always equate at its being easily workable, as many have learned. A key problem is the visualization of the road with its obstacles, pitfalls, and straightaways leading to successful launching of new or modifications of existing programs. No better way has been found to this time than detailed written narration of each projected plan policy. Visualization can be achieved better by projecting, in as much written detail as feasible, the procedures which appear best to implement the plan and its projected policies. This process highlights many of the problems that are foreseeable and sug-

gests additional preparations which may be undertaken to pave the way to successful program change. They also serve as documents around which constructive discussion and agreement can center both within and without the agency in developing the most effective program possible within existing means and available resources.

Another device found helpful by effective program planners is a procedure covering the projected steps to be taken in launching a new program or project to the point of its full operation. Briefly, what is suggested here is a procedure detailing the steps planned to be taken in the initiation of a new project or change. To each step or action projected may also be appended a flexible time schedule.

Even with the foresighted and realistic planning suggested, there will be need for considerable flexibility to provide for unanticipated detours. This process is designed to reduce such detours to a minimum and provide assurance to the program director and his staff that movement in the direction of program objectives will have been fully considered in advance rather than its becoming a gerrymandered, opportunistic patch-quilt of program where execution of the plan means its literal execution to a rapid demise.

Conclusion

Program operation can be made more effective if its major policies and procedures are subject to periodic, intensive review and modification by the program staff concerned. Changes in program operation can be effected with minimal upset, maximal understanding, and staff cooperation if the framework of program policy and procedure is developed in written form along the lines suggested.

The almost paralyzing spectre of massiveness of approach to development and use of policy and procedure manuals as a basic program planning tool is minimized when the approach is directed toward resolution of specific pressing problems in the day-to-day operation of the program.

To neglect the use of this valuable tool in program management invites program calcification; repeated struggles with similar problems; misuse of personnel; encouragement of the "indispensable" staff member who knows all and tells nothing, as well as the opportunistic and often disproportionate development of program elements.

Use of these devices, while no painless panacea for program problems, offers to the program director and his staff a method for dealing with and resolving program difficulties with reasonable assurance of having arrived at these resolutions as thoughtfully and thoroughly as circumstances permit. The essence of this method is that of democratic participation along with the benefit of all its related values in assuring understanding and support of needed program development and action.

There is little question that the values inherent in this process of periodic objective examination of program goals, policies, and methods are sufficient to warrant their being undertaken, even if no written record were to be made. However, to neglect the final recording phase poses the continual threat of loss of these hard won values. Moreover, the use of this approach applied to projective health program planning affords the vehicle for carrying creative, imaginative, and resourceful program planning and direction along the most direct possible route to desired objectives.

Development and modification of an effectively operating policy and procedure manual of course must be a continuous process if it is to meet changing conditions, needs, and problems. No program aspect should be immune from the searching light of inquiry resulting

in modification required in this process. It is only thus that program operations directed toward provision of an ever-improving quality of service for the mothers and children with whom you are concerned can be continually refined and made more effective in meeting clear program needs.

Exhibit A

AGENCY NAME
CASE SELECTION
POLICY

Because of the need to assure continuity of care to crippled children for whom this bureau is committed to a program of active followup, the following policy is established:

A Case-Selection Committee is hereby established composed of the bureau chief, pediatrician, medical social consultant, nursing consultant, and administrative assistant. Other staff consultants shall participate as needed. This committee may be chaired by the chief or pediatrician only.

This committee shall convene at least once a month and recommend that care be authorized for specific children in need within a flexibly prorated fund allotment.

Priorities for case selection are:

1. Urgent cases based on medical or social need. Emergent cases to be authorized when appropriate as they arise by bureau chief.

2. Cases on whom definite commitments have been made.

3. Cases having had one stage of medical care and needing additional services for purpose of further improving function.

4. Cases having had previous initial stage or stages of surgical or medical care and requiring further services for completion of medical treatment plan.

5. Cases having had no previous medical care and requiring services for improved function.

6. Cases having had no previous medical care but for whom care can be deferred indefinitely without harm.

7. All others.

The implementation of this policy statement is covered in the related procedure. Special requests for provision of bureau sponsored services to children will no longer be considered outside this policy application, except in case of bona fide emergency.

(signature)

Approved ———————————————

Chief, Bureau of MCH & CC
(date)

Effective ———————————————

Exhibit B

AGENCY NAME
CASE SELECTION
PROCEDURE

Purpose: To outline the method by which crippled children are selected for a program of recommended medical services under agency auspices.

Action	Responsible	Special Note
1. Review all pending crippled children records to select those children for whom a special program of medical care is proposed.	Professional staff members	See also action No. 8

2. Prepare a brief summary for each case considered ready to include following data:
  A. Name of patient and age
  B. Address
  C. Diagnoses
  D. Recommended Rx and estimated cost
  E. Recommended priority
	Professional staff members concerned	Use special summary form
		
		See policy

(Continued)

Exhibit B—Continued

Action	Responsible	Special Note

F. Statement supporting recommendation

G. Current date and signature

3. Route forms to medical secretary and return case record to file.	Staff member concerned	
4. Pull complete case record on each patient and attach completed special summary form (see Action No. 2) to inside cover of each chart.	Medical secretary	To be done on first work Monday in each month
5. Give charts and forms to chief of bureau for preliminary review and routing to Case Selection Committee.	Medical secretary	

6. At meeting of Case Selection Committee:

		Meet Wednesday after first work Monday each month
A. Present case and rationale	Staff member	
B. Establish priority	Case selection committee	
C. State funds available for special services current month	Bureau chief	In consultation with administrative assistant
D. Discuss and select cases for services within fund sufficiency based on priority assignment	Case selection committee	
7. Process authorized cases for service as recommended by committee.	Staff concerned	Use procedure, "Service Authorization"
8. Retain special summary forms on cases not selected for service.	Medical secretary	Process with cases for next month
9. Repeat procedure monthly.	Staff concerned	

Approved ————————————
                    (signature)
          Chief, Bureau of MCH & CC

Effective ————————————
                    (date)

A Connecticut State Poison Information Center

The Connecticut State Health Department has been authorized by the Legislature to establish a poison information center. It will collect information from manufacturers and will exchange information with other centers through the National Clearinghouse of the Public Health Service, and thus advise physicians when treatment is necessary and what the treatment should be. There are an estimated 1,800 to 2,700 accidental poisoning victims in Connecticut annually.